CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER Vaughan NAME Date Received LAST NICKNAME Wynne-Jones APT / SUITE #; ADDRESS / PO BOX: CITY; 4 CANDIDATE / STATE: ZIP CODE OFFICEHOLDER 1605 Meadow Crest Ln, Mansfield, TX 76063 MAILING **ADDRESS** Change of Address Date Hand-delivered or Date Po AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** (817) 405-9681 PHONE Receipt # MS / MRS / MR FIRST 6 CAMPAIGN TREASURER Ms G Dorina Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Hertner STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE 7 CAMPAIGN 75007 TREASURER 1821 Morning Glory Rd Carrollton TX ADDRESS (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN TREASURER PHONE (972 251-9208 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year COVERED 15 2021 24 THROUGH 2021 ELECTION TYPE 11 ELECTION ELECTION DATE Primary Runoff Other Description General Special 2021 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) City Council Place 4 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDER'S REREQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 File	r ID (Ethics C	Commission Filers)
17 CONTRIBUTION TOTALS		TICAL CONTRIBUTIONS (OTHER PARANTEES OF LOANS, OR LECTRONICALLY)	R THAN	\$ 0	
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	TRIBUTIONS LOANS, OR GUARANTEES OF L	OANS)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	TICAL EXPENDITURE.		\$ 0	
	4. TOTAL POLITICAL EXPE	NDITURES		\$38.08	}
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF T	HE LAST DAY	\$ 0	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	T OF ALL OUTSTANDING LOANS TING PERIOD	S AS OF THE	\$ 0	
	wear, or affirm, under penalty of perjui juired to be reported by me under Title 1		t is true and co	orrect and inc	cludes all information
Signature of Candidate or Officeholder Please complete either option below:					
(1) Affidavit					
NOTARY STAMP/SEA	-				
Sworn to and subscribed 20, to certify	before me bywhich, witness my hand and seal of office		is the	day of	,,
Signature of officer administe	ring oath Printed name o	f officer administering oath		Title of offic	er administering oath
		OR			
(2) Unsworn Declarati	on				
My name is Vaughan	Wynne-Jones	and my date of	birth is 3/24/	1964	***************************************
My address is 1605 Me	adow Crest Ln,	Mansfield	, TX,	76063	USA
Executed in Tarrant	(street)County, State of Texas	(city), on the 15th day of	(state) July (month)	(zip code) , 20 21 (year)	(country)
		Signature of	Candidate/Offic	ceholder (De	clarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	20 Filer ID (Ethics Commission Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$0	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	NS	\$ O	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		^{\$} 0	
4.	SCHEDULE E: LOANS		^{\$} 0	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS	^{\$} 0	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	CAL CONTRIBUTIONS	\$ O	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ O	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	_ FUNDS	\$ 38.08	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH	s 0	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICA	AL CONTRIBUTIONS	s 0	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR TO FILER	^{\$} 0		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Political Committee Legal Services Salaries/Vages/Contact Labor Other (enter a category not issed acover) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 ELLEP NAME		3 Filer ID (Ethics	Commission Filers)
1	Vaughan Wynne-Jones		7 1101 110 (111100)	
4 Date	5 Payee name			
	Nancy Etter			
6 Amount (\$) 38.08	7 Payee address;	City;	State;	Zip Code
33.03	1332 Winnpeg Dr.	Lewisvi	lle TX	75077
Reimbursement from political contributions intended				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Consulting Expense	Campaign Management		
EVE FIAME DIVE	(c) Check if travel outside of Texas. Complete Schedule T.		TX. officeholder living ex	pense
9	Candidate / Officeholder name	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH	Vaughan Wynne-Jones	Mansfield City Cou	ncil Place 4	
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursamentfrom				
political contributions intended				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE				
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State:	Zip Code
Reimbursement from political contributions intended				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF		and the second s		
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T.	Check if Austin.	TX, officeholder living ex	pense
	Candidate / Officeholder name	Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDI	ED	

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

***************************************		The Instruction Guide explains how to comp	lete this form.			
		· Complete only if "Report Type" on page 1 is ma	arked "Final Report" ••			
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)			
Va	ughan	Wynne-Jones				
3	SIGNA	ATURE				
	designa	t expect any further political contributions or political expenditures in conne ating a report as a final report terminates my campaign treasurer appointm ign contributions or make any campaign expenditures without a campaign —	ent. I also understand that I may not accept any			
4		FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Chec	k only one:				
	X	I do not have unexpended contributions or unexpended interest or incon	ne earned from political contributions.			
		I have unexpended contributions or unexpended interest or income earn may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on filling this final report. Further, I understand that I must dispose of unexpended or income earned on political contributions in accordance with the	erest or income earned on political contributions to nexpended contributions and that I may not retain political contributions longer than six years after bended political contributions and unexpended			
	В.	ASSETS				
	Chec	Check only one:				
		I do not retain assets purchased with political contributions or interest or	other income from political contributions.			
		I do retain assets purchased with political contributions or interest or oth that I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchased requirements of Election Code, § 254.204.	erest or other income from political contributions to			
5		EHOLDER nplete this section only if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended coan officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ntributions if, after filing the last required report as n political contributions, or assets purchased with			
			Signature of Officeholder			